occurs in April and May and is the major wet season accounting for most of the region's annual rainfall. Rainfall typically tapers off during June, July and August. This is followed by a second minor wet season in September and October. Average annual rainfall in this regime ranges from about 30 inches in the southwest to less than 10 inches in the southeast. Average summer maximum temperatures are in the 90s and average minimums are in the 70s.

The third major climate regime occurs in the Afar region of Ethiopia and the surrounding areas. Afar is in northern Ethiopia and shares a border with Eritrea and Djibouti. The first rainy season in this area occurs during March, April and May and is the minor wet season. Most of the rain falls during the second wet season which occurs during July and August. Except for occasional showers, the region is dry from mid-September through February. Average annual rainfall in this regime is less than 10 inches. Average summer maximum temperatures are in the 90s and average minimums are in the 70s.

Current Status:

Dryness in recent years has resulted in long-term drought conditions across Ethiopia's Afar region and southern Eritrea, and adjacent portions of Ethiopia's Tigray, Amhara and Oromiya regions. There are also indications conditions are becoming drier across parts of southeastern Ethiopia. Over the last week we have seen a shift in the precipitation patterns with light rainfall extending northward into central Ethiopia. Based on the National Weather Service Global Forecast model this rainfall of less than about ½ inch per day is expected to continue through the next 4 days through April 21. Temperatures have been near normal.

Outlook and Impact:

The Experimental Climate Outlook from NOAA's Climate Prediction Center (CPC) and the International Research Institute indicate the outlook for Ethiopia as follows:

May–July 2003: There is a small increase in the probability for above normal rainfall in northwest Ethiopia. This region is one of the wettest parts in the country. There is also a small increase in the probability for below normal rainfall in southeastern Ethiopia, which is semi-arid grassland. Normal rainfall is expected for the remainder of the country. Some improvement in long-term drought conditions is expected, however, poor pasture conditions and long-term moisture deficits are likely to persist in the Afar region. The potential exists for an increase in long-term rainfall deficits and vegetation stress in parts of southeastern Ethiopia.

August–October 2003: Near to above normal rainfall and above normal temperatures are expected throughout most of the country, which would benefit seasonal crops.

APPENDIX

It is important to recognize that many of the issues discussed are regional in nature. This is exemplified by the attached figure which depicts the most recent weekly Africa Weather Hazards Assessment. NOAA, with support from the U.S. Agency for International Development (USAID) Famine Early Warning System (FEWS), has the lead for preparing this bulletin, using information from NOAA, NASA, and USGS. It is distributed as follows:

1. By electronic mail to the Department of State, USAID/FEWS, field contractor Chemonics staff, USGS, and NASA. Recipients also include the Drought Monitoring Centers in Nairobi, Kenya, and Harare, Zimbabwe, Agrhymet in Niamey, Niger, and the Southern Africa Development Community in Gaborone, Botswana.

2. The bulletin is placed on the Climate Prediction Center (CPC), National Weather Service (NWS) web site—htt://www.cpc.ncep.noaa.gov/products/fews

3. CPC's web site is hotlinked to the USAID/FEWS homepage at: http://www.fews.net/

The Africa Weather Hazards Assessment provides discussions and graphics which highlight areas of concern to policy makers, relief workers, decision makers and others with interest in the African continent. NOAA's CPC produces daily, weekly, 10-day, and monthly precipitation estimates for the Africa region, and also monitors meteorological and climatic phenomena for the continent. CPC monitors dryness, drought, flooding, temperature extremes, cyclones, and organized storm systems. This information is included in the weekly weather hazards product as guidance to help users make more accurage, relevant decisions.

With support from the USAID/FEWS, NOAA anticipate developing a similar weekly bulletin for Central America over the next few months.

Information on the seasonal outlooks is a result of a partnership between the NOAA/NWS Africa Desk and the NOAA-sponsored International Research Institute for Climate Prediction.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each:

MINORITY HEALTH DISPARITIES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Indiana (Ms. CARSON) is recognized for 5 minutes.

Ms. CARSON of Indiana. Mr. Speaker, I would like to first extend my gratitude to the gentlemen from Texas, Mr. RODRIGUEZ and Mr. HINOJOSA, along with the Congressional Hispanic Caucus, for organizing this special order tonight to discuss minority health issues.

Earlier today, the Congressional Black Caucus, the Congressional Asian Pacific American Caucus, the Congressional Hispanic Caucus, and the Congressional Native American Caucus held a rally to call attention to the need to increase health care access.

In my home State of Indiana, Mr. Speaker, there were over 1.4 million people who did not have health insurance at some point last year. That is 26 percent of the nonelderly population.

Universal, affordable access to health care would be a major factor in eliminating the vast health disparities for minority populations. Affordable access to health care for the minority populations is a matter of economics as well as life.

I am sure many Members of Congress, Mr. Speaker, saw today where Bethlehem Steel in Maryland has sold out to another company, and all of the longstanding, hardworking employees there subsequently lost their health insurance.

In Indiana, black or African Americans comprise 8.4 percent of Indiana's population. The top leading causes of death plaguing the African American population are heart disease; cancer; cerebrovascular diseases, predominantly stroke; and diabetes.

In the Hispanic population, the leading causes of death are heart disease, cancer, and unattended injuries.

In Indiana, a 20 percent excess mortality rate from incidence of heart disease exists for African Americans in comparison to whites; a 23 percent excess mortality rate from incidence of cancer exists for African Americans in comparison to whites; a 23 percent excess mortality rate from incidence of cerebrovascular disease, predominantly stroke, exists for blacks by comparison; a 105 percent excess mortality rate from the incidence of diabetes exists for blacks in comparison to whites. These excess rates not only take life, but create economic hardships of hospitalization, prescription drugs, and loss of income.

April is National Minority Health Month. We need to use this time to reflect on what changes need to be made in the way we view access to health and who gets the best treatment.

In Indiana, African Americans die at a higher rate, 25 percent. Per 100,000 population, cancer, 72 percent more African Americans; diabetes, 33 percent more deaths; heart disease, 73 more African American deaths; stroke, 18 percent more deaths.

The numbers are very troubling and alarming. Mr. Speaker, we must do something to counteract the disparity in health care and health insurance for minorities across this country.

Last year, the Institute of Medicine came out with a study: ''Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.'' It found that racial and ethnic minorities in the United States tend to receive lower quality health care than any others.

The report made many recommendations as to what should be done; and certainly, Mr. Speaker, we need to consider very seriously universal health care, not just to undergird the disparities that exist in minority health care, but to ensure that people across racial and economic lines access quality medical care in the same spirit and in the same way that current Members of Congress do.

Mr. Speaker, again I would like to commend the gentleman from Texas (Mr. RODRIGUEZ) for calling this special order tonight. I trust that at the end of the conversation and the dialogue, that America will be better informed and Congress will be moved to act.

GET THE U.S. OUT OF THE U.N.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

Mr. PAUL. Mr. Speaker, I rise today to urge the leadership of this body to bring a very important vote to the House floor.

I recently introduced H.R. 1146, the American Sovereignty Restoration Act, which would end our participation in the United Nations. Millions of Americans have begun to question why we continue to spend $300 million each year funding and housing an organization that is actively hostile to American interests. Surely Congress, which routinely spends 15 minutes renaming post offices, can spare 15 minutes to vote on this fundamental issue of American sovereignty.

Obviously, many Americans now want to get out of the U.N. because they resent its refusal to sanction our war in Iraq. The administration deserves some credit for ultimately upholding the principle that American national sovereignty is not a matter of international consensus and that we do not need U.N. authorization to act.

But the administration sent mixed signals by doing everything possible to obtain such authorization, and by citing U.N. resolutions as justification for our actions. The message seems to be that the United Nations is credible when we control it and it does what we want, but lacks all credibility when it refuses to do our bidding.

Perhaps it is time to stop trying to manipulate the United Nations and start asserting our national sovereignty. If we do not, rest assured that the United Nations will continue to interfere, not only in our foreign policy, but in our domestic policies, as well. U.N. globalists are not satisfied by meddling only in international disputes; they increasingly want to influence our domestic, environmental, trade, labor, tax, and gun laws.

U.N. global planners fully intend to expand the organization into a true world government, complete with taxes, courts, and possibly a standing army. This is not an alarmist statement; these goals are readily promoted under on the U.N.'s own Web site.

U.N. planners do not care about national sovereignty. In fact, they are openly hostile toward it. They correctly view it as an obstacle to their plans. They simply are not interested in our Constitution and Republican form of government.

The choice is very clear: we either follow the Constitution, or submit to U.N. global governance. American national sovereignty cannot survive if we allow our domestic laws to be crafted or even influenced by an international body. This needs to be stated publicly more often. If we continue down the U.N. path, America, as we know it, will cease to exist.

□ 1930

Noted constitutional scholar Herb Titus has thoroughly researched the United Nations and its purported authority. Titus explains that the U.N. charter is not a treaty at all but rather a blueprint for a supernational government that directly violates the Constitution. As such, the charter is neither politically nor legally binding upon the American people or Government. The U.N. has no authority to make laws that bind American citizens because it does not derive its powers from the consent of the American people. We need to stop speaking of U.N. resolutions and edicts as if they represented legitimate laws or treaties. They do not.

In conclusion, Mr. Speaker, I am merely asking House leadership to schedule a vote on H.R. 1146, the American National Sovereignty Act. Americans deserve to know how their representatives stand on the critical issue of American sovereignty.

The SPEAKER pro tempore (Mr. BURNS). Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1350, IMPROVING EDUCATION RESULTS FOR CHILDREN WITH DISABILITIES ACT OF 2003

Mr. SESSIONS (during the special order of Mr. RODRIGUEZ), from the Committee on Rules, submitted a privileged report (Rept. No. 108–79) on the resolution (H. Res. 206) providing for consideration of the bill (H.R. 1350) to reauthorize the Individuals with Disabilities Education Act, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HISPANIC HEALTH IMPROVEMENT ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Texas (Mr. RODRIGUEZ) is recognized for 60 minutes as the designee of the minority leader.

Mr. RODRIGUEZ. Mr. Speaker, I take this hour tonight to talk about a critical issue back home and that is the issue of access to health care and quality care. In a Nation where we have some of the greatest research and the greatest strides that we have made in health, we still do not have individuals able to have access to health care.

The Hispanic Health Improvement Act is a comprehensive bill that we have filed aimed at improving Hispanic health in the United States. Hispanics are now the fastest-growing community and compose 13 percent of the United States population; yet they make up 23 percent of the total uninsured population, and nearly 37 percent of Hispanics under the age of 64 find themselves uninsured. We need to make sure that we address the problems of the uninsured. We need to make sure that we address the problems of access to health care.

Mr. Speaker, I am pleased tonight to also be joined by the vice chairman of the Congressional Hispanic Caucus, the gentlewoman from California (Mrs. NAPOLITANO). I am extremely pleased that we have this opportunity and the gentlewoman joins me here tonight, and I want to recognize the gentlewoman at this point in time.

Mrs. NAPOLITANO. Mr. Speaker, I thank the gentleman from Texas (Mr. RODRIGUEZ). It is a pleasure to be here to speak to the issue of health services that are lacking, sadly, in not only our own districts but throughout the United States. I am sorry to report, Mr. Speaker, that the Bush budget sacrifices the health of our Nation to provide tax cuts for the wealthiest 1 percent.

The budget also fails to adequately address the problem of 41 million who go without health insurance; nearly 25 percent of those are uninsured children. Even 25 percent of the moderate-income families cannot afford health insurance. And eight out of 10 uninsured Americans are from working families of the United States. Unfortunately, Hispanics especially fall into this category. Over 33 percent, Mr. Speaker, of all Hispanics, 33 percent are uninsured, compared to 10 percent of non-Hispanic whites.

This Bush budget cuts funding for Medicaid coverage for children, for low-income seniors, for people in nursing homes, and especially for the disabled. This budget fails to provide adequate increases for the National Institutes of Health. It cuts funds for rural health care and cuts grants to trained doctors at so very critical children's hospitals. The budget eliminates funding for the Centers of Excellence program, the Health Career Opportunity program which increases the number of minority health care providers. We need to ensure linguistically and culturally appropriate health care by giving minority students the opportunity to enter into a health care profession and assist them with this education and training. By eliminating training for diversity programs, this administration would deny the opportunities for minorities to succeed.

The budget also sacrifices the health needs of the most vulnerable to provide tax cuts for the wealthiest. The budget provides, unfortunately, only 38 percent of the benefits to the wealthiest 1 percent of the Americans; that is to say, they are the ones who benefit the most. While middle-income families would get less than one dollar per day, with cuts in Federal aid to health care and no increased aid to States, the budget would exacerbate the current trend of higher State and local taxes.

Now we move into the Congressional Hispanic Caucus proposing a health care for the uninsured and the Hispanic Health Care Improvement Act that my colleague was just talking about. It is unfortunate that the number of uninsured in this Nation is alarming. Too